Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

<b> </b> —								<u></u>				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY			R THAN
TOTAL CLAIMS			(Coluit	14		(Column 2)		TYPE RATE	FEE	ー OP		L ENTITY
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	+		BASIC FE	FEE 770.00
TOTAL CHARGEABLE CLAIMS			14 0	// minus 20=		. (1)		<u> </u>	- 000.0	OP	<del> </del>	2 770.00
INDEPENDENT CLAIMS			1	ninus 3 =	• 0			X\$ 9=	<del></del>	OR	X\$18=	<u> </u>
MULTIPLE DEPENDENT CLAIM PR			<del></del>					X43=		OR	X86≃	
							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	R THAN	
_	7	CLAIMS	T	HIGHE		(Column 3)			CIVIIII		SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF M	Minus	**** DEMOSTE		<u>                                     </u>		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		7	+290=	ļ <u> </u>
							L	TOTAL		OR	TOTAL	
							A	DDIT. FEE	<u> </u>	OR ,	DDIT. FEE	<u> </u>
		(Column 1)		(Columi		(Column 3)	1					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	* NTATION OF ML	Minus	***		=	f	X43=	•	OR	X86≃	
	THOTPHESE	INTATION OF ME	JUIPLE DEF	ENDENIC	LAIM			+145=	-	OR	+290=	
	(Column 4)							TOTAL	<del></del>		TOTAL	
								DIT. FEE	•	OR A	DDIT. FEE	
$\neg$	`	(Column 1) CLAIMS	7	(Column		(Column 3)			• •			
AMICHOMICIA C		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	ndependent		Minus	***		=		X43=		-	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		<u> </u>			OR	X00-	
ı if t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
- H (	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3; enter "3."									OR AC	TOTAL DIT. FEE	
Tr	ne *Highest Numi	ber Previously Paid	For (Total or	Independent)	is the h	ighest number f	ound	in the appr	opriate box			